

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 641 | FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS	100	100	100	100	100	100

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS	100	100	100	100	100	100	100	100

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS